MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/700590	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	\							51						
2		1						52						
3		1						53						
4			1					54						
5		1						55						
6			1					56						
7			1					57						
8			1					58						
9	\							59						
10			1					60						
11			1					61						
12		1						62						
13			1					63						
14		1	1					64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20	\							70						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	18							TOTAL DEP.						
TOTAL CLAIMS	20							TOTAL CLAIMS						